

<i>SERFF Tracking Number:</i>	<i>AMFA-127293929</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>49148</i>
<i>Company Tracking Number:</i>	<i>SIC - 9280 REV. 08-05</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>SIC - 9280 Rev. 08-05</i>		
<i>Project Name/Number:</i>	<i>SIC - 9280 Rev. 08-05/SIC - 9280 Rev. 08-05</i>		

Filing at a Glance

Company: Standard Insurance Company

Product Name: SIC - 9280 Rev. 08-05

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Filing Type: Form

SERFF Tr Num: AMFA-127293929 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49148

Co Tr Num: SIC - 9280 REV. 08-05 State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Janis Landon, Stephanie
Mundt, Mary Chmelka

Date Submitted: 06/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SIC - 9280 Rev. 08-05

Project Number: SIC - 9280 Rev. 08-05

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Description:

PLEASE NOTE: This filing is identical in content to filings submitted and approved (in 2005) on behalf of Reliance Standard Life Insurance Company (SERT-6DTRV8759) and Ameritas Life Insurance Corp. (SERT-6DTRMP816)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Janis Landon

Dear Sir/Madam:

Enclosed for your review and approval is the above referenced form, which will be used for new group policies/certificates and renewal business issued on or after July 15, 2011 or upon your approval, whichever is later.

SERFF Tracking Number: AMFA-127293929 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 49148
Company Tracking Number: SIC - 9280 REV. 08-05
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: SIC - 9280 Rev. 08-05
Project Name/Number: SIC - 9280 Rev. 08-05/SIC - 9280 Rev. 08-05

This form will be used with policy 9000 Rev. 03-08 and certificate 9021 Rev. 03-08 previously approved by your Department (AMFA-125485832). It will replace form 9280 Ed. 01-05 also previously approved by your Department (SERT-65HRBV659).

To assist you in your review of this filing, I have also enclosed a highlighted version illustrating the changes from the previously approved form. The modifications are to allow for the following plan design features:

1. A benefit period frequency option, i.e., one exam in any benefit period. The prior version only allowed for a rolling frequency option, i.e., one exam in any 12 month period. These provisions are bracketed to indicate the variability. The policyholder will select the frequency option as noted in the Optionals and Variables.
2. A combined dental and eye care exam deductible, frequency and maximum option. When sold with dental coverages, one plan design option will be to add a "Combined Option" which would provide for a dental and eye care combination deductible, frequency and maximum. The combined deductible and maximum would apply to all covered dental and eye care expenses. The combined frequency would apply to only dental and eye care exams. For example, once the combined deductible has been met for the dental expenses, a deductible would no longer be required for the eye exam.

This form is in final print. The items shown in brackets represent variable material. These items would vary based on the specific policy/certificate plan as selected by the policyholder. An Optional and Variables statement is also included for your reference.

This form meets 50 on the Flesch Readability Scale when scored with the policy and certificate. Nothing in this filing includes any provisions contrary to standard industry practice.

If your state requires the filing of group rates, please be advised that rates associated with this form have been submitted under separate cover.

If you should have any questions, please don't hesitate to contact me at 800-745-1112, extension 82444, fax 402-309-2573 or email jlandon@ameritas.com.

Sincerely,
Janis Landon, FLMI, ACS
Senior Contract Analyst

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMFA-127293929 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 49148
 Company Tracking Number: SIC - 9280 REV. 08-05
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: SIC - 9280 Rev. 08-05
 Project Name/Number: SIC - 9280 Rev. 08-05/SIC - 9280 Rev. 08-05

Janis Landon, Senior Contract Analyst jlandon@ameritas.com
 475 Fallbrook Blvd. 800-745-1112 [Phone] 82444 [Ext]
 Lincoln, NE 68521 402-309-2573 [FAX]

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
 900 SW Fifth Avenue Group Code: -99 Company Type:
 Portland, OR 97204-1235 Group Name: State ID Number:
 (800) 745-6665 ext. [Phone] FEIN Number: 93-0242990

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$50.00	06/27/2011	49150263

<i>SERFF Tracking Number:</i>	<i>AMFA-127293929</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>SIC - 9280 Rev. 08-05</i>		
<i>Project Name/Number:</i>	<i>SIC - 9280 Rev. 08-05/SIC - 9280 Rev. 08-05</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2011	06/30/2011

<i>SERFF Tracking Number:</i>	<i>AMFA-127293929</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFA-127293929</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Optionals & Variables	Approved-Closed	Yes
Supporting Document	Redline Comparison	Approved-Closed	Yes
Supporting Document	3rd Party Authorization	Approved-Closed	Yes
Form	EYE CARE INSURANCE	Approved-Closed	Yes

SERFF Tracking Number:	AMFA-127293929	State:	Arkansas
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Form Schedule

Lead Form Number: 9280 Rev. 08-05

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/30/2011	9280 Rev. 08-05	Policy/Cont EYE CARE ract/Fratern INSURANCE al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 9280 Ed. 01-05 Previous Filing #: SERT-65HRBV659	50.000	9280 Rev 08-05.pdf

EYE CARE INSURANCE

If an Insured under this section incurs Covered Expenses, we will pay benefits as stated below.

AMOUNT PAYABLE. The Amount Payable for Covered Expenses shall be the lesser of:

- a. the charge for frames or supplies furnished; or
- b. the Maximum Covered Expense for such services or supplies shown in the Schedule of Eye Care Services.

DEDUCTIBLE AMOUNT. The Deductible Amount shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid only for those Covered Expenses that are over the deductible amount.

COVERED EXPENSES. Covered Expenses means the Eye Care expenses incurred by an Insured for the procedures shown in the Schedule of Eye Care Services, up to the Maximum Covered Expense shown for each procedure and the Eye Care Maximum as shown in the Schedule of Benefits, if applicable. Such expenses will be Covered Expenses only to the extent that they are incurred for procedures done by a physician, optometrist, or optician. These expenses are subject to the "Limitations" below.

[Benefit Period means the period from [January 1] of any year through [December 31] of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through [December 31] of that year.]

EXPENSES INCURRED. An expense is incurred at the time a service is rendered or a supply furnished.

EXTENSION OF BENEFITS. Should an Insured's coverage under this section terminate, we will pay Covered Expenses for frames or lenses which were ordered while coverage was in force, provided such frames or lenses are delivered within 30 days from the date the Insured's coverage ceases.

LIMITATIONS: Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. [Vision examinations more than once in any [12, 24 month] [benefit] period. [Coverage is subject to the Dental and Eye Care Exam Frequencies listed on the Schedule of Benefits.]
2. Prescribed lenses more than once in any [12, 24 month] [benefit] period.
3. Frames more than once in any [12, 24 month] [benefit] period.
4. Contact lenses more than once in any [12, 24 month][benefit] period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the [12, 24 month] [benefit] period. When lenses and frames are chosen, expenses for contact lenses are not Covered Expenses during the [12, 24 month] [benefit] period.
5. Examinations performed or frames or lenses ordered before the Insured was covered under this section.

6. Subject to Extension of Benefits, any examination performed or frame or lens ordered after the Insured's coverage under this section ceases.
7. Sub-normal vision aids; orthoptic or vision training or any associated testing.
8. Non-prescription lenses.
9. Replacement or repair of lost or broken lenses or frames except at normal intervals.
10. Any eye examination or corrective eyewear required by an employer as a condition of employment.
11. Medical or surgical treatment of the eyes.
12. Any service or supply not shown on the Schedule of Eye Care Services.
13. Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
14. Lenses and frames during the first twelve months that a person is insured under this section, when the person is a Late Entrant, as defined.

SCHEDULE OF EYE CARE SERVICES

The following is a complete list of eye care services for which benefits are payable. No benefits are payable for a service which is not listed.

SERVICE	[MAXIMUM COVERED EXPENSE]
Vision Examination	Up to \$ [55.00]
May consist of, but not limited to, the following: case history; external examination of the eye and adnexa; ophthalmoscopic examination; determination of refractive status; binocular balance testing; tonometry test for glaucoma, when indicated; gross visual fields, when indicated; color vision testing when indicated; summary finding; prescribing of lenses. Coverage is subject to the Combined Dental and Eye Care Exam Frequencies listed on the Schedule of Benefits, if applicable.	
Materials	
Frame	[\$30.00]
Lenses	
Single Vision	[\$35.00]
Bifocal	[\$47.00]
Trifocal	[\$57.00]
No line bifocal or progressive power	[\$57.00]
Lenticular	[\$85.00]
Contact Lenses	[\$65.00]

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/30/2011
Comments:		
Attachment:		
ar-readability-sic.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	06/30/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Optionals & Variables	Approved-Closed	06/30/2011
Comments:		
Attachment:		
opts-var-9280 rev 08-05.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Redline Comparison	Approved-Closed	06/30/2011
Comments:		
Attachment:		
comparison of old and new 9280.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: 3rd Party Authorization	Approved-Closed	06/30/2011
Comments:		
Attachment:		

<i>SERFF Tracking Number:</i>	<i>AMFA-127293929</i>	<i>State:</i>	<i>Arkansas</i>
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SIC authorization 01-2011.pdf


STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Standard Insurance Company

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
9280 Rev. 08-05	50, with policy/certificate	Eye Care Insurance
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complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE:	<div><div>Gail M. Garcia</div><div>Digitally signed by Gail M. Garcia DN: cn=Gail M. Garcia, o=Ameritas Life Insurance Corp., ou=Group Compliance, email=ggarcia@ameritas. com, c=US Date: 2010.09.01 12:41:24 -05'00'</div></div>
TYPED NAME:	Gail M. Garcia
TITLE:	Vice President - Group Compliance
DATE:	06/27/11

OPTIONALS AND VARIABLES
EYE CARE EXPENSE BENEFIT
FORM: 9280 Rev. 08-05

- a) Frequency limitations may be on a rolling frequency basis (every 12 or 24 months) or on a benefit period basis. The type of frequency provision is dependent upon the plan design selected by the policyholder. Therefore, the Benefit Period definition will be included if the plan design includes a benefit period frequency limitation. If the frequency limitation is a rolling frequency, then this paragraph will not print.

The Benefit Period definition contains the variables [January 1] and [December 31]. These variables can be any month and day, i.e., January 1 – December 31st, dependent upon the policyholder's plan year.

- b) The frequency limitation in Limitation Nos. 1, 2, 3 or 4 will either be a 12 or 24 month period (rolling frequency) or a benefit period frequency depending upon the plan design selected by the policyholder as referenced in item a) above.
- c) Any limitation could be deleted entirely or any of the sub-items based on the plan design selected by the policyholder.
- d) The entire list of services is optional and can be removed or modified based on the plan design selected by the policyholder. The dollar amounts listed are variable and provided for illustrative purposes. The scheduled amounts are reviewed at least annually in light of market conditions.
- e) The available plan design options provide for either a scheduled amount (Maximum Covered Expense) per service or may be an aggregate Eye Care Maximum, i.e., \$250 for any services selected by the Insured. This will be reflected in the Schedule of Eye Care Services.

Text Comparison

Documents Compared

9280 Ed. 01-05.pdf - Adobe Acrobat Professional

9280 Rev 08-05.pdf

Summary

201 word(s) added

94 word(s) deleted

541 word(s) matched

20 block(s) matched

To see where the changes are, scroll down.

EYE CARE INSURANCE

If an Insured under this section incurs Covered Expenses, we will pay benefits as stated below.

AMOUNT PAYABLE. The Amount Payable for Covered Expenses shall be the lesser of:

- a. the charge for ~~the services~~ or supplies furnished; or
- b. the Maximum Covered Expense ~~shown~~ for such services or supplies shown in the Schedule of Eye Care ~~Procedures~~.

DEDUCTIBLE AMOUNT. The Deductible Amount shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid ~~for only those Covered Expenses which are more than the~~ deductible amount.

COVERED EXPENSES. Covered Expenses means the Eye Care expenses incurred by an Insured for the procedures shown in the Schedule of ~~Procedures~~, up to the Maximum Covered Expense shown for each ~~procedure~~. ~~But such~~ expenses will be Covered Expenses only to the extent that they are incurred for procedures done by a physician, optometrist, or optician. These expenses are subject to the "Limitations" below.

EXPENSES INCURRED. An expense is incurred at the time a service is rendered or a supply furnished.

EXTENSION OF BENEFITS. Should an Insured's coverage under this section terminate, we will pay Covered Expenses for frames or lenses which were ordered while coverage was in force, provided such frames or lenses are delivered within 30 days from the date the Insured's coverage ceases.

LIMITATIONS: Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. Vision examinations more than once in any ~~[12, 24] month period~~.
2. Prescribed lenses more than once in any ~~[12, 24] month period~~.
3. Frames more than once in any ~~[12, 24] month period~~.
4. ~~Contact lenses more than once in any [12, 24] month period.~~ When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the ~~[12, 24] month~~ period. When lenses and frames are chosen, expenses for contact lenses are not Covered Expenses during the ~~[12, 24] month period~~.
5. Examinations performed or frames or lenses ordered before the Insured was covered under this section.
6. Subject to Extension of Benefits, any examination performed or frame or lens ordered after the Insured's coverage under this section ceases.
7. Sub-normal vision aids; orthoptic or vision training or any associated testing.
8. Non-prescription lenses.

EYE CARE INSURANCE

If an Insured under this section incurs Covered Expenses, we will pay benefits as stated below.

AMOUNT PAYABLE. The Amount Payable for Covered Expenses shall be the lesser of:

- a. the charge for frames or supplies furnished; or
- b. the Maximum Covered Expense for such services or supplies shown in the Schedule of Eye Care Services.

DEDUCTIBLE AMOUNT. The Deductible Amount shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid only for those Covered Expenses that are over the deductible amount.

COVERED EXPENSES. Covered Expenses means the Eye Care expenses incurred by an Insured for the procedures shown in the Schedule of Eye Care Services, up to the Maximum Covered Expense shown for each procedure and the Eye Care Maximum as shown in the Schedule of Benefits, if applicable. Such expenses will be Covered Expenses only to the extent that they are incurred for procedures done by a physician, optometrist, or optician. These expenses are subject to the "Limitations" below.

[Benefit Period means the period from [January 1] of any year through [December 31] of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through [December 31] of that year.]

EXPENSES INCURRED. An expense is incurred at the time a service is rendered or a supply furnished.

EXTENSION OF BENEFITS. Should an Insured's coverage under this section terminate, we will pay Covered Expenses for frames or lenses which were ordered while coverage was in force, provided such frames or lenses are delivered within 30 days from the date the Insured's coverage ceases.

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1. [Vision examinations more than once in any [12, 24 month] [benefit] period. [Coverage is subject to the Dental and Eye Care Exam Frequencies listed on the Schedule of Benefits.]
2. Prescribed lenses more than once in any [12, 24 month] [benefit] period.
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4. Contact lenses more than once in any [12, 24 month][benefit] period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the [12, 24 month] [benefit] period. When lenses and frames are chosen, expenses for contact lenses are not Covered Expenses during the [12, 24 month] [benefit] period.
5. Examinations performed or frames or lenses ordered before the Insured was covered under this section.

9. Replacement or repair of lost or broken lenses or frames ~~except~~ at normal intervals.
10. Any eye examination or corrective ~~eye-wear~~ required by an employer as a condition of employment.
11. Medical or surgical treatment of the eyes.
12. Any service or supply not shown on the Schedule of Eye Care ~~Procedures~~.
13. Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
14. Lenses and frames during the first twelve months that a person is insured under this section, when the person is a Late Entrant, as defined.

SCHEDULE OF EYE CARE SERVICES

The following is a complete list of eye care services for which benefits are payable. No benefits are payable for a service which is not listed.

SERVICE EXPENSE	MAXIMUM COVERED
Vision Examination May consist of, but not limited to, the following: case history; external examination of the eye and adnexa; ophthalmoscopic examination; determination of refractive status; binocular balance testing; tonometry test for glaucoma, when indicated; gross visual fields, when indicated; color vision testing when indicated; summary finding; prescribing of lenses.	\$ [25]
Frames	\$ [30]
Lenses	
Single Vision	\$ [35]
Bifocal	\$ [47]
Trifocal	\$ [57]
No line bifocal or progressive power	\$ [57]
Lenticular	\$ [85]
Contact Lenses	\$ [65]

6. Subject to Extension of Benefits, any examination performed or frame or lens ordered after the Insured's coverage under this section ceases.
7. Sub-normal vision aids; orthoptic or vision training or any associated testing.
8. Non-prescription lenses.
9. Replacement or repair of lost or broken lenses or frames except at normal intervals.
10. Any eye examination or corrective eyewear required by an employer as a condition of employment.
11. Medical or surgical treatment of the eyes.
12. Any service or supply not shown on the Schedule of Eye Care Services.
13. Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
14. Lenses and frames during the first twelve months that a person is insured under this section, when the person is a Late Entrant, as defined.

SCHEDULE OF EYE CARE SERVICES

The following is a complete list of eye care services for which benefits are payable. No benefits are payable for a service which is not listed.

<u>SERVICE</u>	<u>[MAXIMUM COVERED EXPENSE]</u>
<u>Vision Examination</u>	<u>Up to \$ [55.00]</u>
May consist of, but not limited to, the following: case history; external examination of the eye and adnexa; ophthalmoscopic examination; determination of refractive status; binocular balance testing; tonometry test for glaucoma, when indicated; gross visual fields, when indicated; color vision testing when indicated; summary finding; prescribing of lenses. <u>Coverage is subject to the Combined Dental and Eye Care Exam Frequencies listed on the Schedule of Benefits, if applicable.</u>	
<u>Materials</u>	
<u>Frame</u>	<u>[\$30.00]</u>
<u>Lenses</u>	
<u>Single Vision</u>	<u>[\$35.00]</u>
<u>Bifocal</u>	<u>[\$47.00]</u>
<u>Trifocal</u>	<u>[\$57.00]</u>
<u>No line bifocal or progressive power</u>	<u>[\$57.00]</u>
<u>Lenticular</u>	<u>[\$85.00]</u>
<u>Contact Lenses</u>	<u>[\$65.00]</u>



January 2011

TO ALL STATE INSURANCE DEPARTMENT PERSONNEL

Standard Insurance Company, Administrative Offices at 1100 SW Sixth Avenue, Portland, Oregon 97204-1093, has provided Ameritas Life Insurance Corp. with the authority to submit forms related to dental and vision insurance benefits on our behalf. Accordingly, Ameritas Life Insurance Corp. has the authority to represent us in the submission and negotiation of the approval of these forms and their accompanying rates.

In this regard, the signatures of:

Gail M. Garcia
Vice President, Group Compliance

Kelly Wieseler
Vice President, Group Actuary

Janis Landon
Senior Contract Analyst

Kate McCown
Manager, Group Compliance

Geri L. McKeown
Manager, Group Compliance

When affixed to a letter or certification of intent, will be as binding as if signed by an officer of Standard Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex M. Terry".

Alex Terry, FSA, MAAA
Second Vice President and Associate Actuary
900 SW Fifth Avenue
Portland OR 97204-1235
971.321.8232